

Postmark deadline is June 1, 2002.

Social Security #: _____/_____/_____ ☐ Male ☐ Female Date of Birth: ____/____/_____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Are you service connected? ☐ Yes ☐ No If Yes, what percentage? _____

Are you a member of a Veterans Service Organization (VSO)? ☐ Yes ☐ No

If Yes, which Veterans Service Organization? _____

STATUS AND DIVISION

☐ Competitor ☐ Other If other, please identify: _____

Age Division (as of 8/10/02): ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80+

Division Classification: ☐ Ambulatory ☐ Wheelchair ☐ Visually Impaired (Legally Blind)

Are you a member of a team? ☐ Yes ☐ No If Yes, what team name: _____

Team Coach(es): _____

Telephone number of Team Coach(es): _____

Primary VA Medical Center: _____

WHEELCHAIR/SCOOTER INFORMATION (Please provide the following information about your wheelchair and/or scooter)

Manufacturer: _____ Model: _____ Serial Number: _____

☐ Power ☐ Manual Caster Size: _____ Tire Size: _____

Overall Width: _____ Seat Width: _____ Seat Depth: _____

Wheelchair/cart Inspected by: _____ Telephone Number: _____

Are you able to board a bus/van without using a wheelchair/cart? ☐ Yes ☐ No *It is your responsibility to have your wheelchair inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.*

ASSISTIVE EQUIPMENT

All participants are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited amount of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you. _____

You must plan to bring any medications you take and any assistive equipment you use.

16th National Veterans Golden Age Games Hotel Reservations:**Form B**

Name _____ Social Security #: _____ / _____ / _____
Reservation forms will be returned to you if they are not fully completed. Rooms are available on a first-come, first-served basis.

Hotel Information

The Century Plaza Hotel and Spa
2025 Avenue of the Stars
Century City Los Angeles, CA 90067

Arrival date: _____ / _____ / _____ Departure date: _____ / _____ / _____

Check-in time is 3 PM; checkout time is 12 noon. Anyone checking in after 6 PM must guarantee with a credit card

Do you need a hotel room? ☐ Yes ☐ No

Indicate your roommate(s): First and Last name or None: _____

Roommate is: ☐ Competitor ☐ Coach ☐ Other ☐ None

Indicate your room choice:

☐ Single (1 person, 1 king bed) ☐ Double (2 people, 1 king bed) ☐ Double/Double (2 people, 2 double beds)

Please Note: **California Clean Air Act of 1998, Section 6400-6413.5 prohibits smoking in hotels, bars, and restaurants.**

Payment Required

All reservations must be made with the local Golden Age Games office.

All reservations require payment for the first night's lodging. Room rates are \$105 per night.

Method of payment: ☐ Check ☐ Money Order

☐ Credit Card Type of Card: _____

Credit Card No. _____ Exp. Date _____

Name on Card _____

Make Check/Money Order payable
to: 2002 NVGAG Acct GPF 2059

Itinerary Information

Upon confirmation and/or acceptance of your application, you will receive an itinerary information form.

Do you have your own transportation to the Games? ☐ Yes ☐ No

Mode of transportation: ☐ Airplane ☐ Train ☐ Bus ☐ Automobile

Will you need transportation to and from the airport? ☐ Yes ☐ No

Will you need transportation to and from the train/bus station? ☐ Yes ☐ No

Please indicate your anticipated arrival and departures dates and times:

Arrival Date: _____ / _____ / _____ Time: _____

Departure Date: _____ / _____ / _____ Time: _____

The hotel cannot accommodate any high-top vans in their parking facility and there is no on-street parking. Illegally parked vehicles will be towed. Hotel parking costs are \$15.00 per night.

General Medical Information**Form C**

This form must be filled out by an attending physician and signed by same. (Please type or print clearly.)

Dear Doctor: Your patient is planning on participating (provided you agree) in various athletic events and/or games that may be strenuous and/or dangerous depending on his/her condition. We ask you to take this into consideration when reviewing the participant's history and exam.

Patient Name (Please print) _____
Last First MI

Primary VA Medical Center: _____

Weight: _____ **Blood Pressure:** _____ **Tetanus Toxoid Date:** _____ (current within 10 years)

PPD Date: _____ **Result:** _____ (within 12 months or, if positive, a current chest x-ray report)

Primary Diagnosis: _____ **Secondary Diagnosis:** _____

Past and Present Medical History (Diabetes, heart disease, hypertension, etc.): _____

Known Allergies: _____

Is patient on portable oxygen? _____

Medications patient is taking (List each or send current Action Profile): _____

Can patient control his or her own medications? ☐ Yes ☐ No

Is the patient visually impaired/legally blind? ☐ Yes ☐ No (Veteran participants who meet the definition of Legal Blindness (i.e., corrected vision of 20/200 or less) will be allowed to enter the Visually Impaired events).

Does the patient have any communication problems? ☐ Yes ☐ No If yes, explain: _____

Does the patient need assistance with daily care? ☐ Yes ☐ No If yes, with what? _____

PLEASE INCLUDE A COPY OF CURRENT EKG

Please take time to review the events that the patient is interested in competing in, particularly if he/she will be competing in more strenuous events such as Bicycling, Swimming or Pentathlon, prior to providing clearance.

PHYSICIAN CLEARANCE- *In my opinion, the above individual:*

☐ Is cleared to compete ☐ Is not cleared to compete If not cleared, reason why. _____

Name of Examiner (print): _____

Signature of Attending Physician: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ **Date:** _____

Hometown News Release Questionnaire:

Form E

To be completed by veteran

Because of the growing numbers of participants, we cannot prepare a news release on your participation in the Games if you do not fill out this form completely. This form gives us the specific information we need to prepare a news release to distribute to media outlets where you live. We have simplified it as much as possible, so it is very easy to fill out. If you have any questions, please call Jenny Tankersley (757) 728-3450.

1. Your Name: _____ Social Sec #: _____

2. Date of Birth: _____ Service Branch: _____

3. E-mail address: _____

4. Do you want a news release made available to local media where you live? ☐ Yes ☐ No

a. If you answered "No," sign name here and ignore questions 5-8:

(Signature) _____

b. If your answer is "Yes," you **MUST** fill out questions 5-8. If the form is not completely filled out and returned, we cannot produce a news release.

5. What are the nearest daily and weekly newspapers to your home? (If you don't know the name, please give the closest large city, or the county that you live in.) _____

6. Please indicate your branch of service: ☐ Army ☐ Army Air Corps ☐ Navy ☐ Marine Corps ☐ Air Force
☐ Coast Guard ☐ National Guard ☐ Other _____

7. a. Did you ever serve in combat?: ☐ Yes ☐ No

b. Where did you serve in combat?

☐ World War II (European Theater)

☐ Korean War

☐ Gulf War

☐ World War II (Pacific Theater)

☐ Vietnam

c. Were you injured in combat? ☐ Yes ☐ No

d. Were you ever held as a POW? ☐ Yes ☐ No If yes, where? _____

7. What VA Medical facility do you represent (city and state)? _____

8. Quote for your news release: What has participating in the Golden Age Games done for your life? If this is your first year, what have you been looking forward to? Why is it important to you? Why is staying active important? Have you trained? What's your best event? *[Remember, without a quote, we will not be able to produce a release!]*

Thank you!

16th National Veterans Golden Age Games**Read before Signing**

In consideration of being allowed to participate in the 2002 National Veterans Golden Age Games, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; the Department of Veterans Affairs (VA), the Veterans of Foreign Wars; their officers, directors, officials, members, agents, and employees; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events, and activities; and, officials, volunteers, and other participants of the 16th National Veterans Golden Age Games ("RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the RELEASEES, or otherwise.
4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.
5. I voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by or on behalf of VA, VFW, US military publications, and other magazines, veteran's publications, newspapers, and broadcast media, etc., while I am a participant in the 16th National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recordings(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. Also, I authorize storage of my registration and event data in the electronic media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____

Name (Please print): _____

Date Signed: ____ / ____ / ____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Relationship: _____